

Utilization Review

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Medical Director

Division of Workers' Compensation

Authorization Request

- Written
- Doctor's First Report of Injury/Illness
- Primary Treating Physician's Progress Report (PR-2) or narrative that is marked as a request
- Can I ignore an improper (e.g. prescription pad) request?
- DWC is proposing a new request form

Communication

- Good communication is essential
- Telephone and fax for physician requests
- Reviewers available (at least 4 hours) to discuss denial or modification
- Ask for information when really needed – not as a routine

Non-Physician Interactions

- A non-physician reviewer may discuss request with the treating physician.
- The treating physician can voluntarily withdraw the request and modify it and the non-physician may approve the modified request.
- May request additional information also
- After 14 days, physician only

Denials and Modifications

- Written copy of relevant part of guideline on denial letter
- Guideline should pertain to the request
- All parts of request should have decisions

Physicians

- Medical Director – active involvement
- Reviewing physicians don't have to have CA license
- Review must be within the reviewer's scope of practice/clinical competence
- Only a physician can delay, deny, modify

UR Process Timelines Concurrent or Prospective

- Not to exceed 5 days from receipt of info
- If need more information, should not be more than 14 days from request
- Must be communicated to physician within 24 hours by phone or fax
- Followed by written confirmation within 48 hours for prospective/24 for concurrent
- Document dates clearly (date stamp)

Sandhagen

- Court decision
- Best practice to go to QME?
